



Incident Report

Print Date/Time: 09/14/2016 10:42
Login ID: ss0100

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00017363

Incident Date/Time: 9/2/2016 9:44:00 AM
Location: 200 SR 9 SE
LAKE STEVENS WA 98258
Phone Number: (425) 297-3449
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3F
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D2	SS0136-Shein

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Other Involved	COOK, WAYNE EDWARD				Male	01/26/1962
2	Other Involved	MORROW, HEIDI A				Female	10/16/1974
3	Reporting Party	COOK, WAYNE		(425) 297-3449			

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2010			White	ABJ5476	WA
Involved Vehicle	Passenger Car	2013	Ford			B57229Z	WA

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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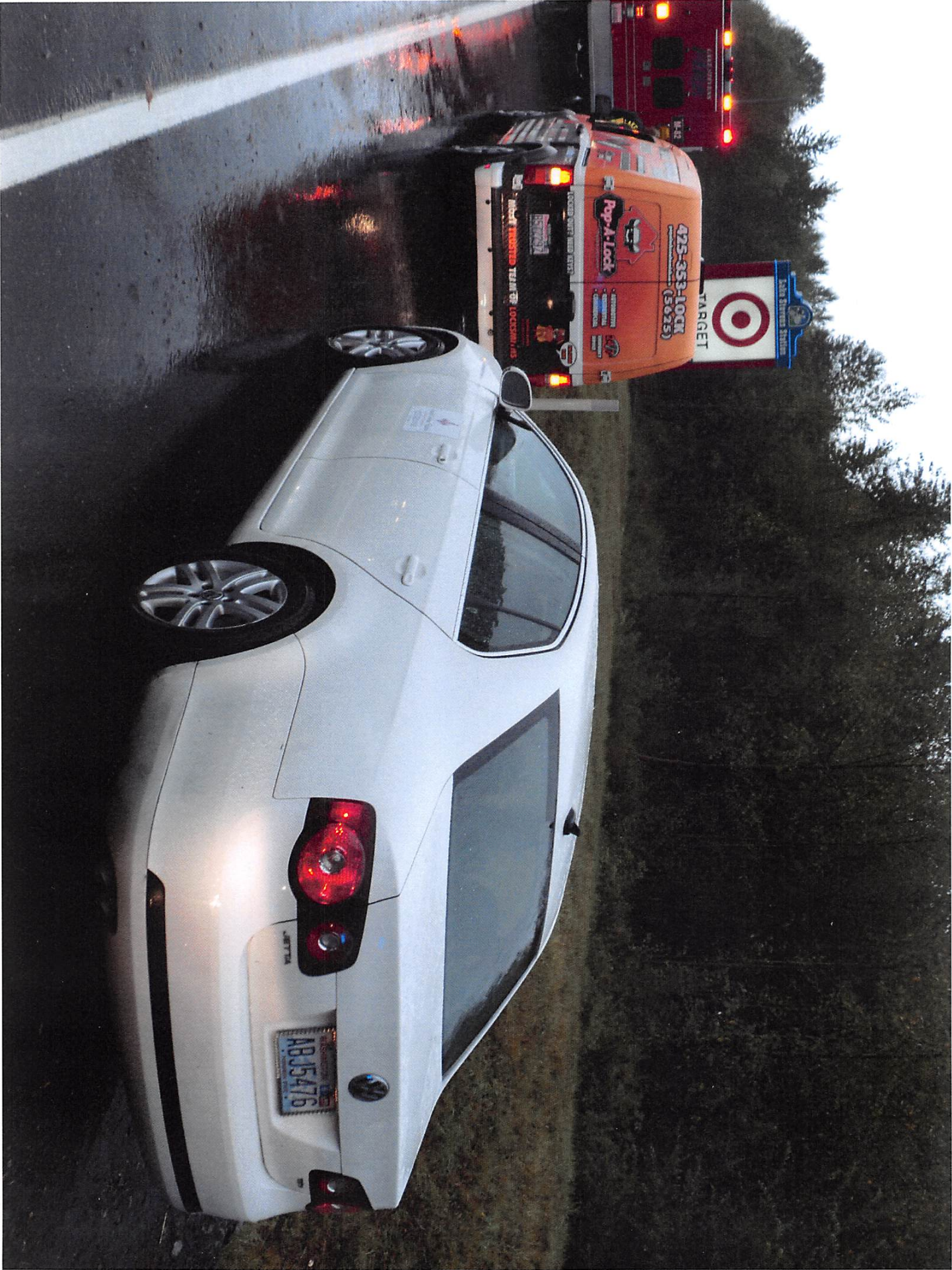
CAD Narrative

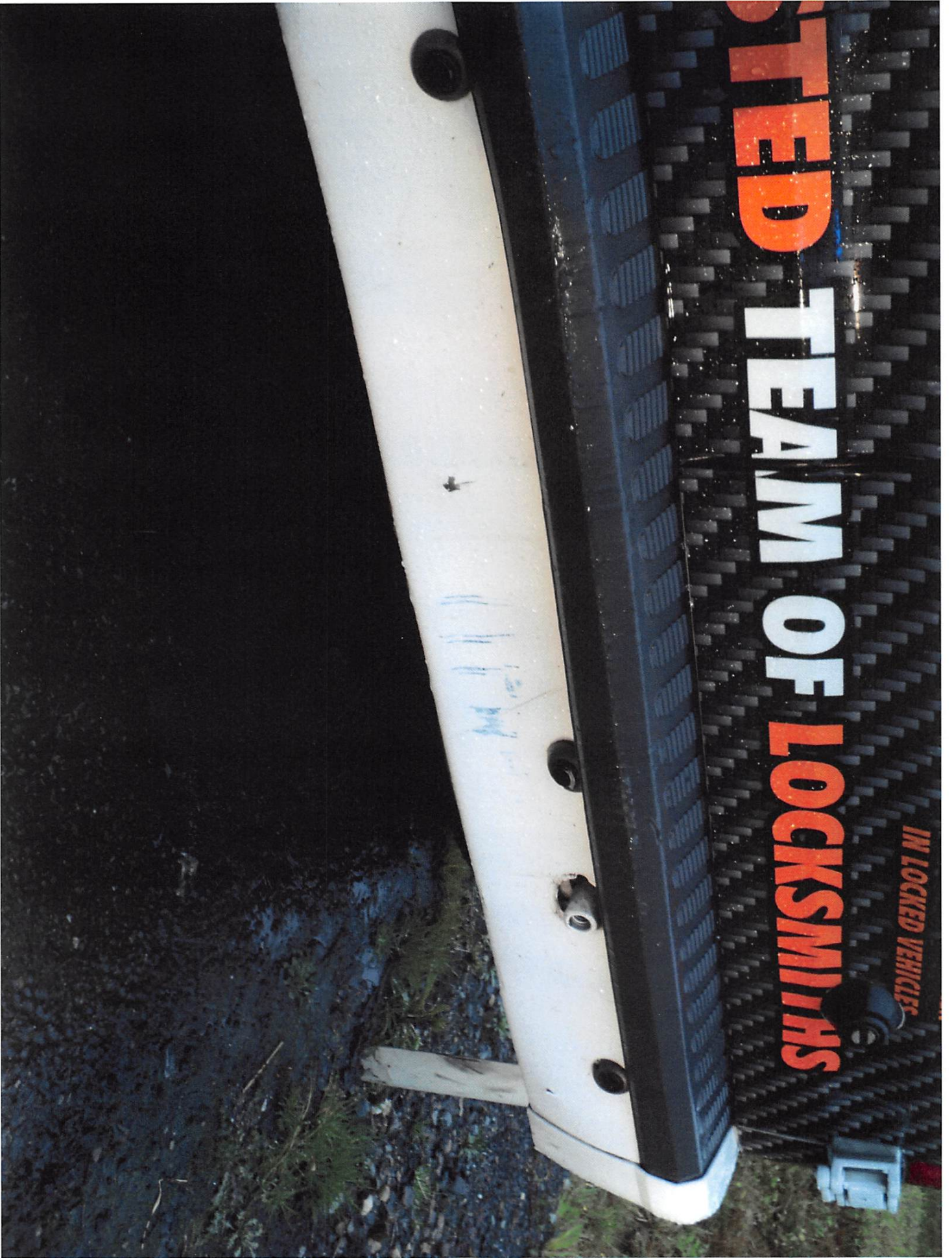
09/02/2016 : 10:11:27 ss0136 Narrative: Heidi ABJ5476 rear-ended Wayne B57229Z

09/02/2016 : 10:07:09 sp0251 Narrative: 1 YELLOW 1 GREEN

09/02/2016 : 09:59:15 sp0337 Narrative: AID FOR 2 SUBJS, 1/ CABN NECK PAIN, 2/ CABN W/WHIP LASH

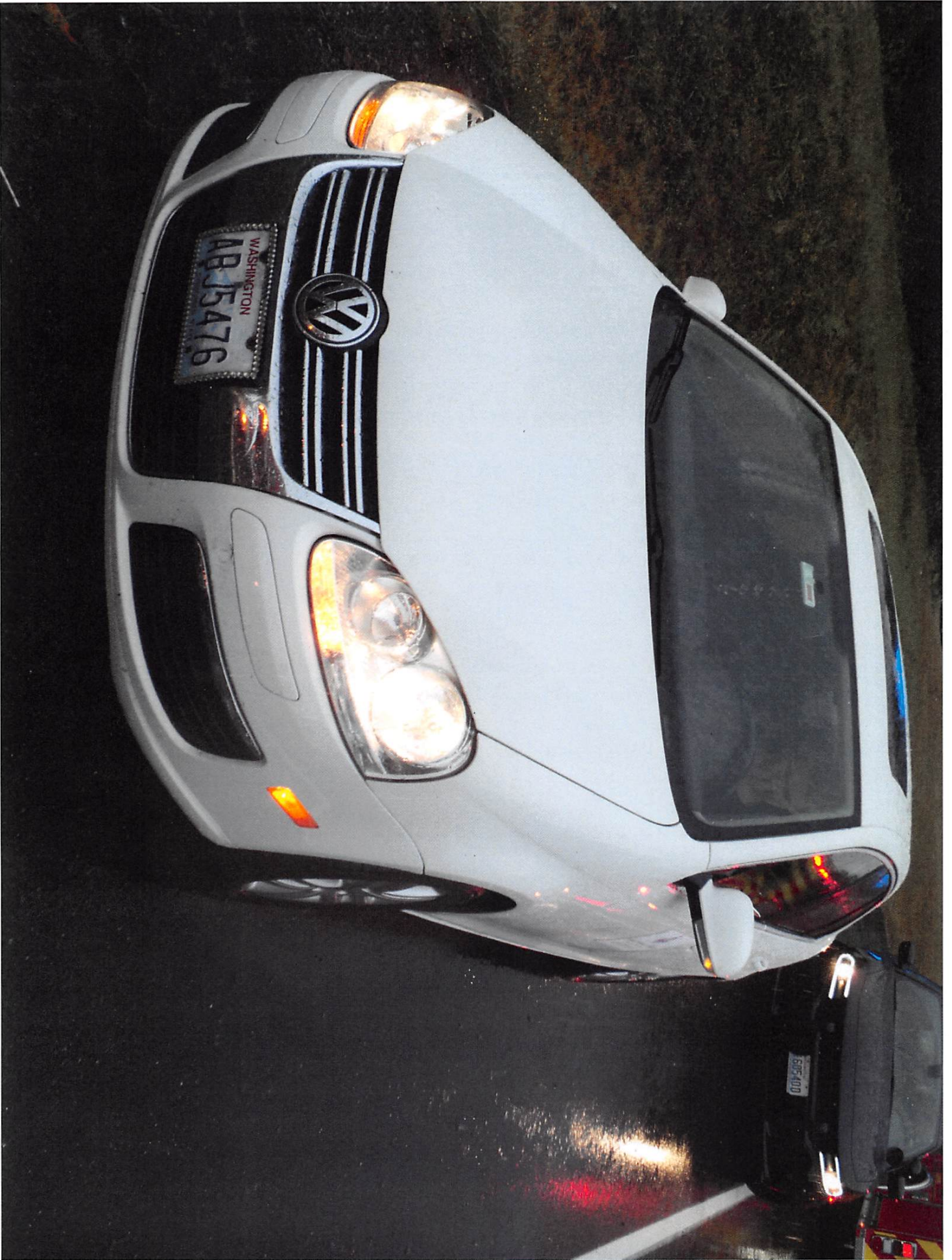
09/02/2016 : 09:46:36 SP0298 Narrative: CC, ORG FORD TRANSIT VS WHI VW JETTA, NON INJ, NON BLKG , JUST SO LOC, NB SIDE













COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E582525**CASE # **2016-00017363**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02**OBJECT
STRUCKTRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **09** - **02** - **2016** **0944** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒**SR 9**BLOCK NO. ☒
MILE POST**200**

DISTANCE

OF (REFERENCE OR CROSS STREET)

300 **00** MILES ☐ N ☐ E ☐
FEET ☒ S ☒ W **MARKET PL**

UNIT 01

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐DAMAGE THRESHOLD MET
YES ☐ NO ☒

PHONE

LAST NAME

MORROW

FIRST NAME

HEIDIMIDDLE
INITIAL**A**STREET
NEW ADDRESS**16843 TESTER RD**

CITY

MONROE

ST

WA

ZIP

982722819

CDL

RESTRICTIONS **B**

ENDORSEMENTS

DRIVER'S
LICENSE #**MORROHA260PW**

STATE

WA

SEX

FD.O.B.
MMDDYYYY**10****16****1974**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **4**EJECT **1**HELMET
USE**2**INJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**ABJ5476**

STATE

WA

VIN#

3VWRL7AJ9AM131616TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2010

MAKE

VOLK

MODEL

JET4D

STYLE

4DVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO.

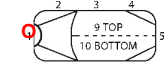
LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # **MUTUAL OF ENUMCLAW PA41090914**VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1

SHADE IN DAMAGED AREA



UNIT 02

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐PEDESTRIAN ☐PROPERTY
OWNER ☐DAMAGE THRESHOLD MET
YES ☐ NO ☒

PHONE

LAST NAME

COOK

FIRST NAME

WAYNEMIDDLE
INITIAL**E**STREET
NEW ADDRESS**19504 RIVER PLACE**

CITY

INDEX

ST

WA

ZIP

982560000

CDL

RESTRICTIONS **B**

ENDORSEMENTS

DRIVER'S
LICENSE #**COOK*WE383B6**

STATE

WA

SEX

MD.O.B.
MMDDYYYY**01****26****1962**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **4**EJECT **1**HELMET
USE**2**INJURY
CLASS**6**

NATURE OF INJURIES

SORE NECKLICENSE
PLATE #**B57229Z**

STATE

WA

VIN#

NM0LS7BN7DT153615TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2013

MAKE

FORD

MODEL

TRANSIT

STYLE

CGVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO.

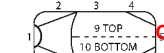
LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # **TRAVELERS CASUALTY BA6D77894915SEL**VEHICLE
LEGALLY
STANDINGYES ☒ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2

SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)

G. SHEIN

BADGE OR ID #

0136

AGENCY

WA0311900


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E582525**CASE # **2016-00017363**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Driver of Unit 1 said that she saw traffic move ahead, so she assumed Unit 2 would move along as well. Unit 2 was still stoppd and legally standing, waiting for cars in front to move along. Unit 1 rear-ended Unit 2. Driver of Unit 2 compained of neck pain, and was unable to move his head. Driver of Unit 2 was transported to Providence Medical Center due to possible neck injury. Photographs taken of damage and attached to this report.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. SHEIN
09-08-16 12:09 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

ROBERT MINER 0095
9/8/2016 7:24:48 PM

BADGE OR ID #	0136	ORI #	WA0311900	TIME POLICE DISPATCHED	9:44 AM	TIME POLICE ARRIVED	9:50 AM
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REPORT NO. E582525

CASE # 2016-00017363

DATE AND TIME
OF COLLISION 09/02/16 09:44

